

Foster Family Home - Corrective Action Report

Provider ID: 1-180049

Home Name: Venus Nino, CNA

Review ID: 1-180049-2

94-1067 Kahuamoku Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 5/28/2019

Foster Family Home

Required Certificate

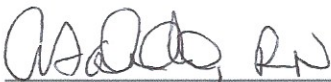
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/28/19.

6.(d)(1) - Home is in compliance with all requirements.



Compliance Manager



Primary Care Giver

5/28/19
Date

5/28/19

Date